National Audit of Dementia

UPCARE: 0.01 Programme name - please do not change this field.*	National Audit of Dementia
0.02 Workstream name (if applicable) - please do not change this field.*	Dementia Diagnostic Services Audit
0.1 Contract status	Ongoing
0.2 Audit or non-audit	Audit
0.3 HQIP commissioned*	Yes
0.41 HQIP AD	JC
0.42 HQIP PM	NP
1.0 Included in current NHS Quality Accounts*	Yes
1.1a Geographical coverage - HQIP agreement*	England; Wales; Jersey
1.2a Topic - please select which ONE of the following best describes the topic area for the programme or workstream. If more than one apply, please select 'Other' and add comment to the next question.*	Dementia
1.3a Healthcare setting*	NHS secondary or tertiary care; NHS primary care
1.3b If you selected 'Other' above, please provide details.*	Audit in diagnostic services - this audit collects data from community based memory assessment services, and neurology led diagnostic services in England and Wales, and Jersey

1.4a Does your patient cohort include the following?*	Adults (18 and older)
1.4b Inclusion and exclusion criteria*	Memory Assessment Services - community based memory services in England and Wales (within MH Trusts/ Health Boards) and Jersey. Also specialist neurology-led diagnostic clinics in acute care (within acute Trusts/ Health Boards).
1.5 Methods of data submission*	Extraction from existing data source(s)
1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*	N/A
1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*	N/A
1.6c 2025/26 data submission closes - please indicate date, series of dates or frequency.*	To be determined
1.6d 2026/27 data submission closes - please indicate date, series of dates or frequency.*	April 2026 (data extraction); July 2026 (other - patient/ carer feedback)
1.7 Data flow diagram	C:\Users\CHLOE~1.HOO\AppData\Local\Temp\mso4CD5.tmp
1.8 Data quality & analysis plan	Data quality and audit data for memory assessment services In England, data will be extracted from the Mental Health Services Dataset. In Wales data will be extracted from aggregated data forming part of Wales Performance data for NHS in Jersey, data will be aggregated and submitted in line with the metrics identified for England. Data quality and completeness have yet to be ascertained and this will be evaluated during analysis of the first tranche of data requested in 2026. Comments in the patient and carer questionnaires (if/ when used) are examined and any identifying information removed as they are entered. Serious incidents

reported in comments which indicated an ongoing problem that the hospital should be informed about immediately, will fed back during data collection, with anonymity preserved. All comments will be fed back to participating hospitals as soon as initial cleaning is complete so that they can immediately address issues identified.

Case adjustment

For previous rounds of audit, the Project Team explored the influence of sample demographics on hospital results. For example, the impact of gender, age and ethnicity on scores have been examined. Comparing the unadjusted and adjusted hospital scores, the differences were very small. This meant there were no meaningful adjustments to be made and therefore, all scores were left in an unadjusted format. This will be tested again for future data analysis.

Changes made to the data

During the process of quality assuring the data received, changes may be made: • Across all audit tools, when it is possible to confidently identify data errors in comments returned, responses will be changed, and this change recorded. Where it is not possible to identify an error with complete confidence, no change is made. • Duplicates identified in datasets will be removed. • Where comments show eligibility criteria was not met (e.g., time period, completed diagnosis) casenotes will be removed. • All identifying information in comments will be removed from carer/ patient questionnaires. • Items will be removed from reporting where analysis or expert advice indicates that the data is not of sufficient quality.

Quantitative data cleaning and analysis is completed in IBM SPSS Statistics 21 by the Project Team. Qualitative data analysis is completed in Microsoft Excel using pre-agreed coding frameworks (informed by the data) and cross-checked by coders.

1.9a Link to the outlier policy*	Outlier policy

The draft outlier policy can be found on this page. https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-audit-of-dementia/national-audit-of-dementia-2025-27/nad-in-memory-assessment-services

Outlier policy will be confirmed following assessment of routine data quality to ensure it is based on robust measurement.

The outlier policy is informed by the Healthcare Quality Improvement Partnership and Department of Health guidance on outliers.

1.9b Link to the cause for concern policy*	Safeguarding Policy Mar 25

Cause for concern is addressed under the wider College Safeguarding policy. The project specific policy can be found here Information governance

For this project, this usually relates to when a comment in feedback received from people living with dementia or a carer raises concern of possible ongoing risk, abuse, or neglect towards a user of a service participating in the audit. Feedback is anonymous and providers cannot be identified. The lead clinician, plus Chief

Executive Officer and Medical/ Nursing Director (or equivalent) of the participating service are contacted with details of the feedback giving rise to concern, and asked to respond with actions taken to address this.

2.2 Process measures

Links to data collection tools for the previous spotlight audit in community-based memory services can be found here:

https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-audit-of-dementia/national-audit-dementia-round-6/national-audit-dementia-round-6

The draft Healthcare Improvement goals for audit can be found here nad-mas-healthcare-quality-improvement-plan---26jan2026.pdf

Waiting time

- To reduce the average overall waiting time from referral to diagnosis, measured as the time between recorded date of referral and recorded date of diagnosis.

Access (as part of above)

- To reduce the average waiting time from referral to initial assessment, measured as the time between recorded date of referral and date of initial assessment for each patient.

Assessment:

- To increase the proportion of assessed patients with all essential pre-assessment components (eyesight, hearing, falls history, alcohol consumption, and smoking history) recorded as care activities.

Assessment:

- To increase the proportion of services with access to the Picture Archiving and Communication System to view structural imaging to diagnose dementia. A service will be considered to have PACS access if at least one assessed patient has a recorded structural imaging care activity during the reporting period.

Assessment quality

- To reduce variation between services in the reporting of dementia diagnosis type, measured by variation in the proportion of primary diagnoses by type across services.

Intervention

- To increase the proportion of patients receiving Cognitive Stimulation Therapy following a new diagnosis of dementia, measured as total number of patients per service with CST recorded as a care activity.

Post diagnostic support

- To increase the proportion of patients with a named Care Co-ordinator, measured as the total number of patients who have an Assigned Care

Professional on record.

- To increase the proportion of patients with a dementia care plan for post-diagnostic support, measured as the total number of patients per service who have a dementia care plan on record.

2.3 Organisational measures

Organisation providing the memory service

Named research champion / lead

Named lead for young onset dementia

Are CT and MRI scans reported by neuroradiologists

Able to view scan images (e.g. using medical imaging technology such as PACS)

Able to refer patients for scans (PET/DAT/CSF/SPECT)

Opportunities for joint working (Neurology/Neuroradiology/Gerontology/Parkinson's disease clinic)

Post diagnostic follow up service

Provide or offer Cognitive Stimulation Therapy (CST)

2.4 Patient reported outcome measures

N/A

2.5 Patient reported experience measures

Draft content for a projected collection of feedback from patients/ carers will be discussed by the Lived Experience Group

2.6a Do measures align with any of the following sources of evidence (select all that apply)

NICE clinical guideline; NICE quality standard; Professional society; Royal College; Other (please describe in next question)

2.6b Evidence supplemental information	Expert opinion - experts in healthcare provision and experts-by-experience are consulted via the Steering Group and sub group abut the content and phrasing of questions, responses and guidance
3.1 Results visualisation	Annual report; Static data files; Interactive online portal (run charts available)
3.2a Levels of reporting*	National; Other (please describe in next question); Team/ ward
3.2b If you selected 'Other' above, please provide details*	Individual memory assessment service
3.3 Timeliness of results feedback	Within 1 year
3.4 Link to dynamic reporting*	http://TBC
4.01 2023/24 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	08/14/2023 - 01/03/2024
4.02 2024/25 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	01/01/2025 - 03/31/2025
4.03 2025/26 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	04/01/2025 - 12/31/2025
4.10 Dataset #1 name	MAS Core Audit
4.11 Dataset #1 type	Clinical audit
4.12 Dataset #1 population coverage*	Sample of eligible patients
4.13 Dataset #1 items collected (n)	36
4.15 Dataset #1 use of existing national datasets	N/A; Mental health services dataset (MHSD)

4.16 Dataset #1 specification

[view.officeapps.live.com/op/view.aspx?](view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.rcpsych.ac.uk%2Fdocs%2Fdefault-source%2Fimproving-care%2Fccqi%2Fnational-clinical-audits%2Fnational-audit-of-dementia%2Fnad-round-7-(2025-2027)%2Fnad-mas-draft-metrics-ii---jan2026.xlsx%3Fsfvrsn%3D49308a50_3&wdOrigin=BROWSELINK)
src=https%3A%2F%2Fwww.rcpsych.ac.uk%2Fdocs%2Fdefault-
source%2Fimproving-care%2Fccqi%2Fnational-clinical-audits%2Fnational-audit-
of-dementia%2Fnad-round-7-(2025-2027)%2Fnad-mas-draft-metrics-ii---
jan2026.xlsx%3Fsfvrsn%3D49308a50_3&wdOrigin=BROWSELINK

4.20 Dataset #2 name

Patient and carer Experience Survey

4.21 Dataset #2 type

Survey (carer and/or staff); Patient reported experience measure

4.22 Dataset #2 population coverage*

Sample of eligible patients

4.23 Dataset #2 items collected (n)

10

4.24 Dataset #2 items from existing national datasets (n)

N/A

4.25 Dataset #2 use of existing national datasets

N/A

4.26 Dataset #2 specification

In draft

4.35 Dataset #3 use of existing national datasets

N/A

4.40 Dataset #4 name

Organisational Checklist

4.41 Dataset #4 type

Organisational audit

4.43 Dataset #4 items collected (n)

37

4.45 Dataset #4 use of existing national datasets

N/A

4.46 Dataset #4 specification

[ads-proforma-guidance-june-23.pdf (rcpsych.ac.uk)](ads-proforma-guidance-june-23.pdf)

5.00 When was your healthcare quality improvement plan (referred to as a QI Plan) last reviewed? Please upload under 'Files' below using the

11/27/2025

HQIP naming convention (click on response to see pop-up help text).

5.10 When were your clinical performance indicators (referred to as metrics) signed off by funders? Please upload under 'Files' below using the HQIP template and naming convention (click on response to see pop-up help text).   11/27/2025

5.11 Please add the hyperlink to where your clinical performance indicators (referred to as metrics) are published on your project website.*   https://view.officeapps.live.com/op/view.aspx?
src=https%3A%2F%2Fwww.rcpsych.ac.uk%2Fdocs%2Fdefault-
source%2Fimproving-care%2Fccqi%2Fnational-clinical-audits%2Fnational-audit-
of-dementia%2Fnad-round-7-(2025-2027)%2Fnad-mas-draft-metrics-ii---
jan2026.xlsx%3Fsfvrsn%3D49308a50_3&wdOrigin=BROWSELINK

5.20 National report publication date (within calendar year 01/01 - 31/12/2023)*   10 August 2023

5.21 Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*   National Audit of Dementia care in general hospitals planned publication 12 December 2024

Memory Assessment Services spotlight audit planned publication date 8 August 2024

5.22 Planned national report publication date (within calendar year 01/01 - 31/12/2025)*   N/A

5.23 Planned national report publication date (within calendar year 01/01 - 31/12/2026)*   December 2026

6.0 Please add the most recent date that you have reviewed and updated an online version of UPCARE Workstream section(s) on your project's website (click into the   03/02/2026

response to see pop-up guidance).

6.1 Please add a hyperlink to UPCARE Workstream section(s) on your website (click into the response to see pop-up guidance).*

https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-audit-of-dementia/information-governance

Files   NAD metrics list 2025 for HQIP_V5.xlsx